

<b>Case Number:</b>	CM13-0061084		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old woman sustained an industrial injury on 9/6/2012 after working long hours and developing considerable pain and stiffness to the left side of the neck. Current diagnoses include musculoligamentous sprain/strain cervical spine and degeneration cervical intervertebral disc. Treatment has included oral medications and physical therapy. An MRI of the cervical spine dated 5/17/2013 showed uncovertebral osteophyte formation resulting in a severe degree of bilateral foraminal stenosis at C5-C6 and a moderate degree of foraminal stenosis at C6-C7. Provider notes on a PR-2 dated 9/26/2013 show that the worker states she is doing better with physical therapy and it has become more tolerable. Complaints of pain, numbness, and tingling have decreased greatly. The current pain rating is 2/10 and stiffness is decreased with movement of the cervical spine. Recommendations were made to continue physical therapy with instructive exercises. On 11/1/2013, Utilization Review evaluated a prescription for an additional six sessions of physical therapy for the cervical spine, that was submitted on 11/14/2013. The UR physician noted that the worker has received an extended 18 sessions of physical therapy already with limited evidence of functional improvement and decreased pain levels. Transition to a home exercise program was recommended due to the extended amount of experience in physical therapy. The MTUS, ACOEM Guidelines, or ODG was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PHYSICAL THERAPY 2X WEEK X 3 WEEKS CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 98-99.

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic neck pain.